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CHANGE OF CORRESPONDENCE ADDRESS**

| | |
|------------------------|-----------------|
| Application Number | 10,735,780 |
| Filing Date | 12/16/2003 |
| First Named Inventor | Clinton Jackson |
| Art Unit | 3723 |
| Examiner Name | Lee Wilson |
| Attorney Docket Number | CJ-HB-1 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

| | | | |
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
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| Signature | Clinton Jackson | | |
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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